Added HCPCS Codes Effective April 1, 2005

		DOLLAR VALUE			MODIFIERS									
CPT®/ HCPCS CODE	ABBREVIATED DESCRIPTION	NON-FACILITY SETTING	FACILITY SETTING	FOL UP	PRE OP (-56)	INTRA OP (-54)	POST OP (-55)	PCTC (26/TC)	MSI (-51)	BSI (-50)	ASI (-80)	CSI (-62)	TSI (-66)	ENDO LIC BASE FSI REQ
K0670	Stance Phase Only	Not Covered	Not Covered	0	0%	0%	0%	9	0	0	0	0	0	X
K0671	Portable oxygen concentrator	By Report	By Report	0	0%	0%	0%	9	0	0	0	0	0	N
Q9941	IVIG lyophil 1G	\$113.20	\$113.20	0	0%	0%	0%	9	9	9	9	9	9	D
Q9942	IVIG lyophil 10 mg	\$1.13	\$1.13	0	0%	0%	0%	9	9	9	9	9	9	D
Q9943	IVIG non-lyophil 1G	\$49.80	\$49.80	0	0%	0%	0%	9	9	9	9	9	9	D
Q9944	IVIG non-lyophil 10 mg	\$0.50	\$0.50	0	0%	0%	0%	9	9	9	9	9	9	D
Q9945	LOCM <=149 mg/ml iodine, 1ml	\$0.78	\$0.78	0	0%	0%	0%	9	9	9	9	9	9	D
Q9946	LOCM 150-199mg/ml iodine,1ml	\$2.68	\$2.68	0	0%	0%	0%	9	9	9	9	9	9	D
Q9947	LOCM 200-249mg/ml iodine,1ml	\$0.65	\$0.65	0	0%	0%	0%	9	9	9	9	9	9	D
Q9948	LOCM 250-299mg/ml iodine,1ml	\$1.01	\$1.01	0	0%	0%	0%	9	9	9	9	9	9	D
Q9949	LOCM 300-349mg/ml iodine,1ml	\$1.02	\$1.02	0	0%	0%	0%	9	9	9	9	9	9	D
Q9950	LOCM 350-399mg/ml iodine,1ml	\$0.97	\$0.97	0	0%	0%	0%	9	9	9	9	9	9	D
Q9951	LOCM >= 400 mg/ml iodine,1ml	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9	N
Q9952	Inj Gad-base MR contrast, 1ml	\$5.48	\$5.48	0	0%	0%	0%	9	9	9	9	9	9	D
Q9953	Inj Fe-based MR contrast, 1ml	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9	N
Q9954	Oral MR contrast, 100 ml	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9	N
Q9955	Inj perflexane lip micros, ml	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9	N
Q9956	Inj octafluoropropane mic,ml	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9	N
Q9957	Inj perflutren lip micros, ml	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9	N
S0142	Colistimethate inh sol mg	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9	N
S0143	Aztreonam inh sol gram	By Report	By Report	0	0%	0%	0%	9	9	9	9	9	9	N
S0197	Prenatal vitamins 30 day	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X
S0595	New lenses in pts old frame	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X
S0625	Digital screening retinal	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X
S3005	Eval self-assess depression	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X
S8434	Interim splint upper extrem	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	X
S8940	Hippotherapy per session	Not Covered	Not Covered	0	0%	0%	0%	9	9	9	9	9	9	Х